



Application For State Employment

Iowa Department of Administrative Services –
Human Resources Enterprise
Hoover State Office Building, Level A
1305 East Walnut
Des Moines, IA 50319-0150
Phone: (515) 281-3087 Fax: (515) 281-7970
Website: das.hre.iowa.gov/
E-mail: dashre.info@iowa.gov

Section 1 General Instructions

- This application will allow you to apply for specific jobs in Iowa State Government.
- You **must** include the following information: **Social Security number or an assigned alternate nine-digit number, job title, job vacancy number, and your name, mailing address, education and employment history.** You must also sign the application on page 6. Call (515) 281-5239 if you wish to be assigned an alternate nine-digit number.
- An accurate Job Requisition Number is required to process your application to be considered for a position or positions.
- Each vacancy listed in our job announcements includes specific application instructions, job vacancy numbers and application deadline dates. Please follow those application instructions closely.
- **If you provide incomplete or inaccurate information, we may be unable to process your application.**
- You must ensure that this application is received on or before the announced deadline date, at the announced location. We are not responsible for late, lost, misdirected or damaged mail.
- All mail will be sent to you at the address you provide on this form.
- For jobs requiring an exam at one of our examination centers, you will be notified by mail. See Section 2 for typing tests.
- You may make clear photocopies of this form to submit as your official application. You will be charged for photocopying done by the Department of Administrative Services – Human Resources Enterprise (DAS-HRE).
- Students applying for Internships must complete this application and an Internship Supplement form.
- Please use a blue or black ink pen when completing this application. Handwriting must be legible.

Applying For a State Job

- A list of current vacancies is available on DAS-HRE's Website: das.hre.iowa.gov, at all Iowa Workforce Development Centers, state agency offices, and public libraries.
- A limited number of job titles are open to continuous application. These titles are available on our website, or by calling or visiting an Iowa Workforce Development Center.
- Return your completed application by mailing it or delivering it to the address listed above, or by faxing it to (515) 281-7970. **IF FAXED, KEEP THE ORIGINAL.**
- This application will remain valid for two years. You may request to add vacancies, job titles, update information or change availability choices by writing to the address or e-mail listed above or by calling (515) 281-3087 (automated call processing system).
- All individuals hired must provide proof of their identity and eligibility to work in the United States at the time of hire.
- Applicants with a disability may request testing accommodations by calling (515) 281-3087 or by writing to the address or e-mail listed above. Hearing impaired applicants may contact us through **Relay Iowa** by calling 1-800-735-2943.

How to Receive the Most Responsive Service for Questions Concerning the State's Hiring Process

Job vacancy information and application services for specific state jobs are available for your use seven days a week, 24 hours a day on our website at das.hre.iowa.gov, so you can access our services at your convenience.

You may also use our call processing system at any time to access our services by calling (515) 281-3087. When calling with multiple requests, **select one of the access numbers and leave your entire message there. Do not leave your message in more than one mailbox.** You may also send us an e-mail at: dashre.info@iowa.gov to request information regarding the State's hiring process.

Section 2 Applicant Data

Print or Type			
*First Name	M.I.	*Last Name	
*Address line 1	Address line 2		
*City	*State	*Zip	
()	()		
*Phone (area code) Home phone	Phone (area code) Work phone	Other phone (i.e., mobile)	
Contact e-mail address	Fax	Web address	

Fields with * are required

JOB TITLES (see instructions on page 1)	Job Vacancy Number*
1.	1.
2.	2.
3.	3.
4.	4.

***An accurate job vacancy number is required to process your application.**

Preferred Method of Contact: E-mail _____ U.S. Postal Service _____

Are you a permanent State of Iowa employee? Yes _____ No _____

If Yes, please check one:

☐ Executive Branch
 ☐ Regents
 ☐ Community Based Corrections
 ☐ Judicial Branch
 ☐ Legislative Branch

What Executive Branch Department do you work for? _____

Education

Circle highest year of education completed

1 2 3 4 5 6 7 8 9 10 11 12 High School graduate or equivalent (GED)? ☐ Yes ☐ No

Name and Location of Schools Attended Beyond High School	Dates Attended		Credit Received		Field of Study or Area of Concentration				Degree/ Certification
	Mo/Yr	Mo/Yr	Quarter Hours	Semester Hours	Major	Hours	Minor	Hours	

If you are working toward a degree, please give the anticipated completion date: _____ **Do not send a transcript unless requested.**

GUIDELINES FOR ACCEPTING TYPING TEST SCORES ARE AS FOLLOW:

We accept typing scores from the following sources: Iowa Workforce Development Offices, high schools, temporary employment offices (e.g., Olsten or Kelly), private companies or area community colleges. The criteria for accepting scores from these sources are:

- 1) Typing scores must be submitted on official letterhead of the company or school.
- 2) Scores must be signed and dated within the last six months by a teacher, test administrator or human resource official.
- 3) Information required.
 - a) Gross number of words typed in a five minute timed test.
 - b) Number of errors.
 - c) Net words per minute (one point deduction for each error).
- 4) Applicant name and social security number.

Most Workforce Centers are willing to fax the results upon request. Our fax number is (515) 281-7970.

Section 3 Experience

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Social Security or Alternate Number

- List your work experience **starting with the most recent**. If you have held more than one job with the same organization, list each separately.
- **Provide complete descriptions of job duties, including the exact dates of employment and the average number of hours worked per week.**
- Describe your experience in detail. Include the number and titles of people supervised and equipment or facilities managed.
- Describe duties that are relevant to the position/s for which you are applying, including any selectives.
- Describe volunteer and homemaker experience, if applicable.
- **Resumes submitted with the application must show dates of employment (month/year) and hours worked per week. Your name and social security number or assigned alternate nine-digit number must be shown at the top of each resume page and accompanying documents.**

1

Organization (most recent):			From _____ Month Day Year
Address:	City	State	Zip Code
Your Title:			To _____ Month Day Year
Supervisor's Title:			Average number of hours worked per week: _____
Duties: _____ _____ _____			

2

Organization:			From _____ Month Day Year
Address:	City	State	Zip Code
Your Title:			To _____ Month Day Year
Supervisor's Title:			Average number of hours worked per week: _____
Duties: _____ _____ _____			

3

Organization:			From _____ Month Day Year
Address:	City	State	Zip Code
Your Title:			To _____ Month Day Year
Supervisor's Title:			Average number of hours worked per week: _____
Duties: _____ _____ _____			

You may describe additional work experience or add more detail to the "Duties" section on a separate sheet of paper. Use the same format as used here. Be sure to include your name and social security number or alternate nine-digit number at the top of each extra page.

Section 4 Availability

Check All Boxes That Apply

Your availability choices are used to refer your name to state departments for employment consideration for job classes open to continuous application and internship only.

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Full-Time | 40 hours per week |
| <input type="checkbox"/> Part-Time | less than 40 hours per week |
| <input type="checkbox"/> Travel | varies with each job |
| <input type="checkbox"/> Day Shift | varies, usually 8 a.m. to 4:30 p.m. |
| <input type="checkbox"/> Eve Shift | varies, usually 4 p.m. to 12 midnight |
| <input type="checkbox"/> Night Shift | varies, usually 12 midnight to 8 a.m. |
| <input type="checkbox"/> Any Shift | will work anytime |
| <input type="checkbox"/> Weekends | will work Saturdays and/or Sundays |

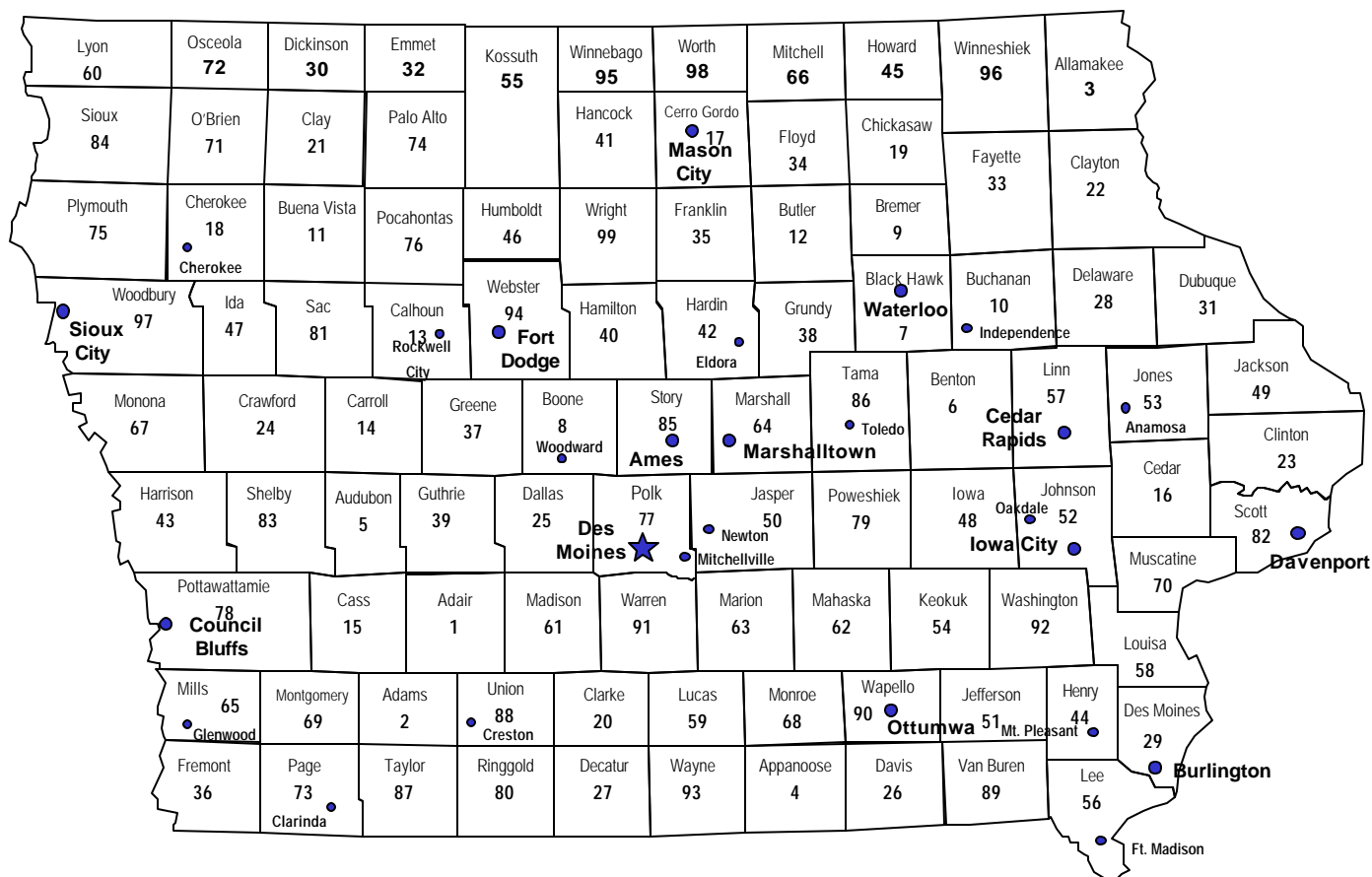
County 29 (Des Moines County) Does Not Include the City of Des Moines. County 77 (Polk County) Includes All of Polk County. Polk (Capitol Complex) is Limited Only to the Capitol Complex Area.

Mark Only Counties In Which You Will Work (See Map):

☐ **Mark Here for All Counties**

- | | | | | |
|---|---|---------------------------------------|---|--|
| <input type="checkbox"/> 1 Adair | <input type="checkbox"/> 21 Clay | <input type="checkbox"/> 41 Hancock | <input type="checkbox"/> 61 Madison | <input type="checkbox"/> 80 Ringgold |
| <input type="checkbox"/> 2 Adams | <input type="checkbox"/> 22 Clayton | <input type="checkbox"/> 42 Hardin | <input type="checkbox"/> 62 Mahaska | <input type="checkbox"/> 81 Sac |
| <input type="checkbox"/> 3 Allamakee | <input type="checkbox"/> 23 Clinton | <input type="checkbox"/> 43 Harrison | <input type="checkbox"/> 63 Marion | <input type="checkbox"/> 82 Scott |
| <input type="checkbox"/> 4 Appanoose | <input type="checkbox"/> 24 Crawford | <input type="checkbox"/> 44 Henry | <input type="checkbox"/> 64 Marshall | <input type="checkbox"/> 83 Shelby |
| <input type="checkbox"/> 5 Audubon | <input type="checkbox"/> 25 Dallas | <input type="checkbox"/> 45 Howard | <input type="checkbox"/> 65 Mills | <input type="checkbox"/> 84 Sioux |
| <input type="checkbox"/> 6 Benton | <input type="checkbox"/> 26 Davis | <input type="checkbox"/> 46 Humboldt | <input type="checkbox"/> 66 Mitchell | <input type="checkbox"/> 85 Story |
| <input type="checkbox"/> 7 Black Hawk | <input type="checkbox"/> 27 Decatur | <input type="checkbox"/> 47 Ida | <input type="checkbox"/> 67 Monona | <input type="checkbox"/> 86 Tama |
| <input type="checkbox"/> 8 Boone | <input type="checkbox"/> 28 Delaware | <input type="checkbox"/> 48 Iowa | <input type="checkbox"/> 68 Monroe | <input type="checkbox"/> 87 Taylor |
| <input type="checkbox"/> 9 Bremer | <input type="checkbox"/> 29 Des Moines County | <input type="checkbox"/> 49 Jackson | <input type="checkbox"/> 69 Montgomery | <input type="checkbox"/> 88 Union |
| <input type="checkbox"/> 10 Buchanan | <input type="checkbox"/> 30 Dickinson | <input type="checkbox"/> 50 Jasper | <input type="checkbox"/> 70 Muscatine | <input type="checkbox"/> 89 Van Buren |
| <input type="checkbox"/> 11 Buena Vista | <input type="checkbox"/> 31 Dubuque | <input type="checkbox"/> 51 Jefferson | <input type="checkbox"/> 71 O'Brien | <input type="checkbox"/> 90 Wapello |
| <input type="checkbox"/> 12 Butler | <input type="checkbox"/> 32 Emmet | <input type="checkbox"/> 52 Johnson | <input type="checkbox"/> 72 Osceola | <input type="checkbox"/> 91 Warren |
| <input type="checkbox"/> 13 Calhoun | <input type="checkbox"/> 33 Fayette | <input type="checkbox"/> 53 Jones | <input type="checkbox"/> 73 Page | <input type="checkbox"/> 92 Washington |
| <input type="checkbox"/> 14 Carroll | <input type="checkbox"/> 34 Floyd | <input type="checkbox"/> 54 Keokuk | <input type="checkbox"/> 74 Palo Alto | <input type="checkbox"/> 93 Wayne |
| <input type="checkbox"/> 15 Cass | <input type="checkbox"/> 35 Franklin | <input type="checkbox"/> 55 Kossuth | <input type="checkbox"/> 75 Plymouth | <input type="checkbox"/> 94 Webster |
| <input type="checkbox"/> 16 Cedar | <input type="checkbox"/> 36 Fremont | <input type="checkbox"/> 56 Lee | <input type="checkbox"/> 76 Pocahontas | <input type="checkbox"/> 95 Winnebago |
| <input type="checkbox"/> 17 Cerro Gordo | <input type="checkbox"/> 37 Greene | <input type="checkbox"/> 57 Linn | <input type="checkbox"/> 77 Polk | <input type="checkbox"/> 96 Winneshiek |
| <input type="checkbox"/> 18 Cherokee | <input type="checkbox"/> 38 Grundy | <input type="checkbox"/> 58 Louisa | <input type="checkbox"/> 78 Pottawattamie | <input type="checkbox"/> 97 Woodbury |
| <input type="checkbox"/> 19 Chickasaw | <input type="checkbox"/> 39 Guthrie | <input type="checkbox"/> 59 Lucas | <input type="checkbox"/> 79 Poweshiek | <input type="checkbox"/> 98 Worth |
| <input type="checkbox"/> 20 Clarke | <input type="checkbox"/> 40 Hamilton | <input type="checkbox"/> 60 Lyon | | <input type="checkbox"/> 99 Wright |

■ **Your name will be referred for vacancies only in the counties you have selected.**



Section 5 Applicant Survey

Social Security or Alternate Number

This information is requested as a part of Iowa state government's responsibility to maintain a nondiscriminatory workplace and to provide equal employment opportunity for all. Your responses are deemed confidential, and this section is removed before your application is processed. The information you provide is only used in summary reports to assist the Department with planning, monitoring and evaluating its equal opportunity programs. Providing this information is voluntary; however, your cooperation is critical to ensuring we have a diverse workforce. Your choice not to self-disclose will not adversely affect you as an applicant.

Please write your numbered response to questions A through F in the corresponding boxes.

A. What sex are you?

0. Male
1. Female

C. What is your highest level of education?

0. 0-8 years
1. 9-12 years, but not a high school graduate
2. High school graduate or GED
3. Post high school vocational or business school
4. Some college, less than BA or BS degree
5. BA, BS or similar undergraduate degree
6. MA, MS or similar graduate degree
7. PhD, JD or similar professional degree
8. MD or similar professional degree

E. Do you have a disability?

(An individual with a disability is any person who: (1) has a physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such impairment; (3) is regarded as having such an impairment.)

Examples of disabilities:

Physical or mental impairment – Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hernic and lymphatic, skin and endocrine.

Major life activities – means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working, and receiving education or vocational training.

0. No
1. Yes
2. Do not wish to self-disclose

B. What is your age?

0. under 18
1. 18-29
2. 30-39
3. 40-49
4. 50-59
5. 60-69
6. 70 or over

D. Of which racial/ethnic group do you consider yourself a member?

0. *White*: (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the middle East, or North Africa
1. *Black or African American*: (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa
2. *Asian*: (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent
3. *American Indian or Alaska Native*: (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community recognition
4. *Hispanic or Latino*: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race
5. *Native Hawaiian or Other Pacific Islander*: (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
6. *Two or More Races*: (Not Hispanic or Latino) – All persons who identify with more than one of the above five races

F. How did you learn about this job?

0. Direct contact with DAS-HRE at its office, Job Information Center or through its Jobline
1. Iowa Workforce Development (IWD) Center or IWD Website
2. Iowa state agency or a state employee
3. Contact with state agency other than those listed in 0, 1, 2, 8 & 9
4. Public Library
5. Internet/website other than the DAS-HRE and IWD websites
6. College, university or community college career or placement offices
7. Newspaper, periodical or trade journal
8. Career fair attended by a state of Iowa agency
9. DAS-HRE website

Section 6 Special Requirements or Qualifications

Special Requirements or Qualifications

Some jobs have special requirements. They will be found on the vacancy announcement and/or the job class description in the section titled "Competencies Required," or "Selective Certification." Write needed information below.

Education	Quarter Hours	Semester Hours	Experience	Dates
				From
				To

List all languages, including American Sign Language, Braille and Tactile Braille, in addition to English, that you speak, read and/or write fluently. For each language listed, indicate S for Speak, R for Read, or W for Write fluently. You will be required to demonstrate your skill in all areas and languages you indicate fluency. _____

If you possess a license or certificate to practice a trade or profession, complete the following:

Name of Trade or Profession: _____ License Number: _____

Issued by: _____ Specialty: _____ Expiration Date: _____

If a teacher's certificate, Endorsement Numbers: _____ Approval Numbers: _____

Veterans Points

Upon request, veterans points shall be applied to honorably discharged veterans as defined in Iowa Code Chapter 35C who are residents of Iowa. Former members of the reserve forces or Iowa National Guard who served at least 20 years after January 28, 1973 are eligible. Reserve force or Iowa National Guard veterans who were activated for federal duty, other than training, for a minimum of 90 days and were discharged under honorable conditions or retired under Title 10, United States Code are eligible. Veterans with a service-connected disability, a Purple Heart, or who are receiving disability compensation or pension through the U.S. Veterans Administration may also request veterans points. Proof of disability from the Veterans Administration must be submitted and updated every two years. A copy of your certified DD214 must be submitted for proof of service.

Veterans Points: Do you want to be considered for veterans points? ☐ Yes ☐ No

If yes, you must provide proof of service by submitting a photocopy of your DD-214 form.

Read the Following Before Signing

I certify that this application (and any copy or facsimile of same) and applicant survey contains no willful misrepresentation and that the information is true and complete to the best of my knowledge. I understand that:

- Should an investigation at any time disclose otherwise, my application may be rejected, my name may be removed from consideration for employment, I may be discharged from employment with the State of Iowa, and I may be disqualified from applying for any other position under the jurisdiction of the Iowa Department of Administrative Services – Human Resources Enterprise.
- Information on this application and any documents submitted to be included with this application may, in compliance with Iowa Code Chapter 22, become public records and may be made available to the public upon request. Only information deemed confidential in accordance with applicable statutes may be withheld from public disclosure.
- Background investigations may be conducted as part of this application for employment. These include, but are not limited to, inquiries relating to driving records for jobs requiring travel, inquiries about convictions where job related, and any other investigations deemed necessary and relevant by the employer.

The State of Iowa complies with the federal law requiring preemployment, random, post-accident, reasonable suspicion, and return to duty drug and alcohol testing for all persons in positions requiring a Commercial Drivers License.

By signing this Application for State Employment, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided on this form or that I may otherwise provide in conjunction with my application for state employment.

Signature: _____ **Date:** _____